## **EVALUATION OF PRIVILEGES - NURSE ANESTHETISTS** PERIOD DATE FROM то For use of this form, see AR 40-68; the proponent agency is OTSG RATED BY PRIVILEGES PERFORMED BY TREATMENT FACILITY TITLE **PRIVILEGES** RECOMMENDATIONS BY DEPT./SVS. CHIEF ACCEPT-BORDER-UNACCEPT-REQUIRES SELDOM Privileges evaluation will be based on thorough appraisals of clinical performance. ABLE LINE ABLE ADDL. EDUCATION EXER-CISED Clinical Privileges (Check) Obtain a health history including psychosocial as well as biophysical. Conduct physical screening assessment. Prescribe TAB approved medications (attach listing). Select and administer pre-anesthetic medication (attach protocol). Request and evaluate pertinent laboratory studies, pulmonary function studies, including blood gasses, respiratory therapy, and other appropriate studies (attach protocol). Insert intravenous catheters, including central venous pressure catheters by basilic vein, external jugular vein, internal jugular vein, subclavian vein (or other recognized routes of administration). Insert Swan-Ganz catheters. Utilize all current techniques in monitoring. Perform regional anesthetic, therapeutic, and diagnostic techniques including but not limited to spinal, epidural, caudal, brachial plexus, transtracheal, superior laryngeal, femoral sciatic, and retrobulbar blocks. Select and administer anesthetic techniques, medications and adjunctive drugs (attach protocol). 11. Perform intratracheal intubation and extubation. 12. Identify and manage emergency situations including assessment of adequacy of recovery or antagonism of muscle relaxants, narcotics, and other agents, and implement appropriate management techniques. 13. Recognize abnormal patient response to anesthesia or to adjunctive medication and implement corrective action. 14. Manage fluid, blood and electrolyte loss and replacement within an anesthesia care plan. Initiate and modify therapies, including drug and pain therapy (attach protocol). 16. Discharge patients from the Recovery Room (attach protocol). 17. Post-anesthesia follow-up and evaluation. 18. Initiate cardiopulmonary resuscitation and participate in cardiopulmonary resuscitation in absence of physician (attach protocol). 19. Provide consultation, management and implementation of respiratory and ventilatory care. COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse if needed.)

RATER'S SIGNATURE

DATE